



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 7420.1C

Code 0905

4 Jan 1999

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 7420.1C

From: Commanding Officer

Subj: CIVILIAN TIMEKEEPING AND LEAVE

Ref: (a) NAVCOMPT Manual Vol 3, Chapter 3, (Civilian Payroll)
(b) NAVMED P-5020
(c) Defense Civilian Pay System (DCPS) Manual, Release
98-4 dtd 9Oct98

Encl: (1) Civilian Timekeeping Policies and Definitions
(2) Sample Overtime/Compensatory Time Request and
Authorization, NAVCOMPT Form 2282
(3) Sample Civilian Employee Time Card
(4) Sample Work Schedule Change, MRFC 7420/80
(5) Civilian Employee Muster Sheet, NAVHOSP29PALMS Form
7420/01 (Rev. 3/94)
(6) Sample Timekeeping Signature Authorization Card,
GEN 7400/1
(7) Time Card Reference Codes
(8) Sample Application for Leave, SF-71
(9) Sample Direct Deposit Sign-up Form, SF-1199A

1. Purpose. To provide the administrative procedures for civilian timekeeping and leave for Naval Hospital personnel.

2. Cancellation. NAVHOSP29PALMSINST 7420.1B.

3. Policy. Timekeeping and attendance of civilian employees of this Command shall be as prescribed in references (a) through (c). In accordance with reference (a), the Commanding Officer is responsible for the administration of the timekeeping function. At this Command, the timekeeping function is delegated to the Head, Fiscal Department. Timekeeping procedures are the responsibility of each Department Head. Actual maintenance, completion and submission of time cards may be delegated to military or civilian supervisors. Regardless of the shift worked, its duration shall be eight and one-half hours consisting of eight hours regular work and one-half hour for lunch. The length of the shift may not be reduced by deleting the one-half hour lunch period. Authority to modify the eight and one-half hour shift rests with the Commanding Officer.

4. Action

a. Directors shall:

(1) Refer to enclosure (1) for direction in maintaining civilian timekeeping and leave.

(2) Approve all overtime authorizations, enclosure (2), prior to the work being performed.

(3) Forward to the Head, Fiscal Department, all overtime authorizations prior to the work being performed.

b. Department Heads/Supervisors shall:

(1) Verify the accuracy of time and attendance, annual leave, sick leave, jury duty, differential pay, overtime/compensatory time, leave without pay, admin leave, or unauthorized absence entered on each time card.

(2) Initial any tardiness and indicate disposition (e.g. excused leave, leave without pay (LWOP) or unauthorized absence (AWOL) in minutes/hours).

(3) Ensure that all supporting documents are attached to the time card (e.g. overtime/compensatory time authorizations, leave slips, etc.).

(4) Certify the correctness of each Civilian Employee Time Card, enclosure (3), by signing in the appropriate space provided. This certification will be made at the completion of a shift or pay period as applicable.

(5) Ensure that authorization for changes in the scheduled work week, enclosure (4), are forwarded to the Fiscal Department at least on the day the timecards are due. Authorized work schedule changes may be submitted months ahead of time.

(6) Maintain a sign-in and sign-out muster sheet, NAVHOSP29PALMS Form 7420/01 (Rev. 3/94), enclosure (5). This muster sheet will serve as supporting documentation for the time cards, and should allow for employee accessibility and supervisory observation. All civilian employees, regardless of pay grade, will sign their names and record their time of arrival in the order they arrive. When employees leave for the day, they must again sign their names and record their time of departure, in the order of departure. Copies of sign-in and sign-out muster sheets will be kept on file in the department and must be readily available. Time and attendance data will be retained until an audit has been performed by the General Accounting Office or for three years, whichever is sooner.

(7) Ensure that completed time cards, along with supporting documents, are delivered to the Fiscal Department (Attn: Timekeeping Coordinator) according to the schedule set forth by the Fiscal Department). An estimate will be entered on the time card for work not yet performed. The time cards should be placed in numerical order according to employee SSN's.

c. Head, Fiscal Department shall:

(1) Ensure that all timekeeping functions are performed in accordance with references (a) through (c).

(2) Determine the schedule for time card submission and disseminate this schedule to all Directors and Department Heads.

(3) Assign a Timekeeping Coordinator with two alternates from within the Fiscal Department.

d. Timekeeping Coordinator shall:

(1) Be the point of contact for all issues relating to civilian timekeeping and payroll.

(2) Ensure a current Timekeeping Signature Authorization Card, enclosure (6) is on file for personnel certifying time cards.

(3) Provide on-site assistance to Naval Hospital employees and supervisors by answering their questions regarding pay and leave.

(4) Act as a liaison between the employees and Defense Accounting Office (DAO) Pensacola, Florida in the resolution of pay and leave problems.

(5) Receive source documents from employees and supervisors authorizing changes which affect their payroll accounts. These source documents will include address changes, savings allotments, direct deposits, taxes, savings bonds, charity, union and requests for advance annual and sick leave.

(6) Provide data entry to update the Master Employee Record (MER) from these source documents.

(7) Maintain a file of the source documents. All source documents should be kept as long as the employee is active, and for 3 years after separation. After 3 years, the files are to be burned or shredded.

(8) Notify departments when time and attendance data entry is accelerated due to a holiday.

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e. Head, Manpower Management Department shall assist in leave administration and personnel management problems.

f. All Civilian Employees shall:

(1) Use individual time cards as their official record of time and attendance. All civilian employees are responsible for ensuring that all time and attendance is recorded on their individual time cards accurately.

(2) Enter their time and attendance on their time card on a daily basis. The proper codes are listed in enclosure (7). The time card must be submitted to their Department Head or supervisor in a timely manner along with the proper supporting documentation (i.e., leave slips, overtime/compensatory time sheets, doctor's notes, etc.).

(3) Complete all time card entries in BLACK INK ONLY!

(4) Submit completed time card to supervisor or to authorized person in their chain of command, as addressed in enclosure (1) for signature.

(5) Submit an Application for Leave, enclosure (8), when applying for leave.

(6) Submit an Direct Deposit Sign-up Form, enclosure (9), when requesting direct deposit services.

5. Applicability. The procedures contained herein apply to all activities for which the Defense Accounting Office (DAO), Pensacola provides civilian payroll services. All questions relating to proper pay should be directed to the Timekeeping Coordinator, Fiscal Department.

6. New or Revised Forms

a. Muster Sheet, NAVHOSP29PALMS Form 7420/01 (Rev. 3/94), is being adopted in accordance with this instruction and may be obtained through Central Files.

b. Overtime/Compensatory Time Request and Authorization, NAVCOMPT Form 2282 (Rev. 2/83); Work Schedule Change, MRFC 7420/80 (Rev 6/90); Timekeeping Signature Authorization, GEN 7400/1 (Rev. 4/82); Application for Leave, SF-71 (Rev. 3/79); and Direct Deposit Sign-up Form, SF 1199A (Rev. 6/87) may be obtained through Central Files.

C. S. Chitwood

C. S. CHITWOOD

Distribution:
List A

NAVHOSP29PALMSINST 7420.1C
2 June 1995

CIVILIAN TIMEKEEPING
POLICIES
AND
DEFINITIONS

Enclosure (1)

NAVHOSP29PALMSINST 7420.1C
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CIVILIAN TIMEKEEPING POLICIES AND DEFINITIONS

1. Authorization to Certify Time and Attendance. Certification of time cards will be performed by the designated supervisor, department head, or director having knowledge of the employee(s) attendance. Timekeeping Signature Authorization Cards, enclosure (6), are issued to such designated personnel by the Comptroller and maintained on file in the Fiscal Department. All new personnel who are designated to sign time cards are required to submit this authorization card to the Fiscal Department prior to certification of any time cards. The time cards will be invalid without the proper signature.

2. Certification of Time Attendance. Certification of time and attendance will be executed according to the chain of command if the primary person is not present. This chain of command is as follows:

(1) Immediate supervisor will be the primary person authorized to sign time cards, enclosure (3), and leave slips, enclosure (8).

(2) Department Head will be the first alternate authorized to sign both time cards and leave slips and will be the requesting official for overtime/compensatory time requests, enclosure (2).

(3) Directors will be the second alternate authorized to sign both time cards and leave slips and will approve all requests for overtime/compensatory time.

(4) Comptroller has the authority to sign any time cards, leave slips, overtime/compensatory time requests from any sections in the Command. The Comptroller should be used only when all other authorized personnel are absent from the Command. The Comptroller is also the authorizing official for the Timekeeping Signature Authorization Cards, enclosure (6).

3. Overtime. Overtime hours are any hours worked over the 40 hour week or 80 hour pay period.

a. All overtime must be approved prior to the work being performed (except in the case of civilian nurses involved in direct patient care). Under no circumstances will an employee execute overtime without proper approval from their immediate supervisor and director.

b. When requesting overtime, an Overtime/Compensatory Time Request and Authorization, NAVCOMPT Form 2282 (2-83), enclosure (2), must be filled out and submitted by the employee's Department Head to their appropriate Director for approval. This should be done by a memorandum from the Department Head to the Director via the Comptroller. The Overtime/Compensatory Time Request Authorization should be an enclosure to this memorandum. The original overtime authorization form should be delivered to the Timekeeping Coordinator after it has been approved (a copy should be kept by the requesting department). The Overtime Request must be completed for all overtime worked, including unscheduled nursing overtime.

c. Approved overtime hours may be credited in increments of minutes, hundredths of hours or hours. Supervisors should refrain from authorizing both annual leave and scheduled overtime during the same pay period.

d. Call-back overtime is payable when an employee is required to return to duty to perform unscheduled overtime work. A minimum of two hours is payable even though the actual time worked may be less than two hours. If an employee reports for call-back overtime in response to orders from the proper authority, but for some reason is prevented from working, call back time is payable.

NOTE: If an employee is called in before their shift starts or asked to stay after their shift ends, this is not considered call-back. Employees would be entitled to overtime pay only for the time worked prior to or after their normal shift.

4. Compensatory Time. Compensatory time hours earned by the employee before or after the normal eight hours work day. Compensatory time follows the same guidance as overtime (Paragraph 3.a,b,c).

a. Compensatory time applies to graded employees only, except as stated in "NOTE" below, and is earned for occasional or irregular overtime. Compensatory time is figured in hundredths of hours and is credited in amounts equal to the overtime worked. A completed Compensatory Time Request, enclosure (2), will be forwarded for the Director's approval in the same manner as prescribed for overtime requests. Copies will be retained for on-site audits. Time cards will reflect the number of hours of compensatory time worked. Compensatory time elected in lieu of call-back overtime will be credited the same time as call-back overtime.

NOTE: Title IV of the Federal Employee Flexible and Compressed Work Scheduled Act of 1978, "Adjustment of Work Schedules for Religious Observances", provides that a Federal employee (graded or ungraded) may elect to work compensatory overtime for the purpose of taking time off without charge to leave when personal religious beliefs require that the employee abstain from work during certain periods of the workday or work week. Activities are expected to accommodate an employee's request to work compensatory overtime. If no productive overtime is available to be worked by the employee, at such time as they may initially request, alternative time should be arranged for the performance of the compensatory overtime work. Supervisors shall, in each instance, afford the employee the opportunity to work compensatory overtime. The employee may work such overtime before or after the grant of time off. A grant of advanced compensatory time should be repaid by the appropriate amount of overtime work within a reasonable amount of time (i.e., preferably within the same pay period and not later than the following pay period). Compensatory overtime shall be credited to an employee on an hour-for-hour basis and appropriate records will be kept by the supervisor on time earned and used. The premium pay provisions for overtime work under Title 5 of FLSA do not apply to compensatory overtime work performed for this purpose.

b. Compensatory time earned

(1) Graded employees whose basic pay is above the maximum scheduled rate for GS-10, step 10, will be granted compensatory time off for the irregular or occasional overtime work they are required to perform. These employees may be paid overtime pay at the discretion of the Command.

(2) Graded employees whose basic pay is at or below the maximum scheduled rate for GS-10 are entitled to choose between overtime pay and compensatory time off for all irregular or occasional overtime work they are required to perform.

(3) The Fair Labor Standard Act (FLSA) states that non-exempt employees must sign a statement to the effect that they elect to accept compensatory time in lieu of overtime.

(4) Time worked within an employee's scheduled shift on a holiday may not be credited as compensatory time.

(5) The maximum amount of compensatory time that any employee may accumulate is 80 hours.

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(6) Compensatory time for exempt employees may not be approved, if paid as overtime would result in the employee's biweekly pay exceeding the maximum scheduled rate of GS-15 step 10.

c. Compensatory time may be carried forward at end of the leave year. The maximum amount of compensatory leave an employee may carry over into the next leave year is 80 hours.

d. Request to use the compensatory time earned will be done by submitting a leave slip marking the appropriate box. Compensatory time used will be requested in the same manner as requesting annual leave.

5. Civilian Payday. Civilian employees are paid on a biweekly basis. Normally, the payday will be the first Friday after the close of the pay period. Paydays that fall on a holiday will be paid the day prior to that holiday.

a. Direct Deposit or automatic payroll deposit to a financial institution may be arranged by filling out a Direct Deposit Form, enclosure (9). Submit all completed Direct Deposit Forms to the Fiscal Department (Attn: Timekeeping Coordinator). The completed Direct Deposit Form will be sent to Great Lakes for immediate action.

b. Allotments. Civilian employees are allowed to have a maximum of two allotments. Allotments are done by filling out a Direct Deposit Form.

c. Check by Mail. Employees who do not have direct deposit will receive their pay via mail to their recorded mailing address.

NOTE: Civilian employees who have terminated their position at the Naval Hospital will receive their last pay check at the address listed on the final SF Form 50.

d. United States Savings Bonds. Any civilian employee who desires U. S. Savings Bonds may submit completed applications to the Fiscal Department.

6. Holidays

a. Holiday premium pay at this Command is to be kept to a minimum, consistent with operational needs. All holiday premium pay must be noted on time card. All department heads will review their work requirements prior to making up their schedules.

Enclosure (1)

b. Holiday premium is payable for all authorized hours worked on a holiday. Minimum holiday premium pay is two hours, except when less than two hours is worked at the employee's option. NOTE: Holiday premium will not be paid if:

(1) Employee is in a leave without pay status before and after the holiday.

(2) Employee is ordered to work, but fails to report.

c. Ungraded employee with limited appointment. An ungraded employee on a regular tour of duty and serving under an appointment not limited to 90 days or less, or who has been employed for a continuous period of 90 days under one or more appointments without a break in service, who is excused from work on a holiday, is entitled to the same rate of pay for that day as if they had worked.

7. Night Differential

a. Graded employees will be paid night differential at 10% of their hourly rate for all hours of regularly scheduled work between 1800 and 0600. The employee's supervisor must enter the hours and/or fraction of hours of night differential earned in the spaced provided as "Graded ND" or hand written starting with the week and day.

b. Ungraded

(1) Second-Shift. Night differential at 7.5% of the scheduled rate will be paid for the entire shift for both full and part time shifts, provided a majority of the employee's regularly scheduled hours fall between 1500 and 2400 (includes intermittent employees). In the case of an eight hour shift, majority means more than four hours.

(2) Third-Shift. Night differential at 10% of the scheduled rate that will be paid for the entire shift when the majority of the scheduled hours fall between 2300 and 0800 (includes intermittent employees).

NOTE: No differential will be paid for a shift which is evenly divided between day and second shift, or between third shift and day shift.

c. Compensable Leave. During periods of compensable leave, ungraded employees regularly scheduled for second or third shift will be paid the shift differential. This does not include intermittent employees who are not entitled to leave.

Enclosure (1)

8. Sunday Premium

a. Full time employees are entitled to Sunday premium at 25% of their basic rate of pay for each hour of Sunday work which is not overtime and not in excess of eight hours. This applies to each regularly scheduled tour of duty beginning and/or ending on

a Sunday. Sunday premium is not payable for periods of leave.

b. Part-time and intermittent employees are not entitled to premium pay for Sunday work.

9. Annual Leave

a. Official leave records are maintained by Defense Finance and Accounting Service, Great Lakes (Code BI). A bi-monthly leave listing indicating leave and compensatory time status for

Each employee will be furnished to management each pay period. The individual employee will receive their leave status each pay period on the employee's Leave and Earnings Statement. Any additional information should be requested from the Fiscal Department.

b. Leave charges, other than compensatory time used and court leave (jury duty), will be recorded in multiples of minutes.

c. An application for leave, SF-71, is required for all annual leave taken by employees. In the case of unscheduled, but approved annual leave, a completed SF-71 will be submitted upon the employee's return to duty. All SF-71's submitted will be verified for accuracy against the time card.

10. Sick Leave

a. A properly completed and certified SF-71 is required for all sick leave.

b. NAVCOMPTMAN 033002.2C dictates that all sick leave absences in excess of three consecutive work days must be supported by a SF-71 and a medical certificate.

(1) In lieu of a medical certificate, the employee's signed statement explaining the nature of the illness may be accepted when it is unreasonable to require a medical certificate because of a shortage of physicians, remoteness of locality, or because the illness did not require the services of a physician.

Enclosure (1)

(2) When an employee has been notified in writing that a SF-71 with a medical certificate is required for each sick leave absence, a copy of these documents will be retained in the supervisor's files until an audit has been performed by the General Accounting Office. The requirement for a certificate for each absence should be reviewed semiannually and rescinded in writing when warranted by improvement in the employee's sick leave record.

c. Advance sick leave is approved only by the Commanding Officer or his designated representative. A request for advance sick leave should be forwarded to the Commanding Officer with a substantiating medical certificate reflecting diagnosis, prognosis and date of probable return to duty.

d. All SF-71's requesting sick leave will be verified for accuracy against the time card.

11. Court Leave/Jury Duty

a. Court leave for jury duty is granted to both permanent and temporary employees, full and part time. Intermittent employees are not entitled to court leave for jury duty.

b. When an employee reports for an interview as a prospective juror, they should take the letter from the Office of the Jury Commissioner with them and have the court clerk endorse the letter indicating that they appeared and that no fees were paid. The letter should then be turned into the Fiscal Department with the SF-71 to substantiate the court leave entry and verified for accuracy against the time card.

c. When an employee is summoned for jury duty, they should have the Jury Duty and Court Attendance Certificate(s) completed by the court clerk indicating the days served, time excused and the amount paid. These form(s) will be forwarded promptly to the Fiscal Department. These forms are provided by the Office of the Court Clerk.

NOTE: The amount received from jury duty, exclusive of travel fees, will be turned into the Collection Agent for credit. The Collection Agent will furnish the Timekeeping Coordinator with a copy of the voucher showing the appropriate accounting data for inclusion with the time card. Jury fees received by employees must be turned in by the end of the month following the month in which the jury duty is performed, otherwise, payroll deductions will be made for compensation due.

Enclosure (1)

d. Employees serving on jury duty, or as witnesses on behalf of a local, state, or U. S. Government judicial proceeding, will submit an attendance certificate showing the days served. When no fees are received, a statement to this effect will be made on the attendance certificate.

e. Employees who perform jury service on non-work days, or outside their regular tour of duty (at times for which federal salary is not paid) are entitled to retain the fees received for jury service.

f. If an employee is on annual leave when called for jury service, court leave should be substituted. Fees will not be retained by the employee when court leave is used.

g. A night shift employee who performs jury service during the day may elect to continue working during regularly scheduled hours and retain the court fees. They also have the option to be granted court leave while performing jury service. In the later option, the employee is entitled to the night differential which would normally have been paid for regularly scheduled hours worked. Court fees would not be retained.

h. Employees who perform jury service on a holiday falling within their basic tour of duty may retain fees paid, provided that they would have been excused from regular duties on the holiday.

12. Military Leave

a. Employees eligible for military leave:

(1) Permanent

(2) Temporary indefinite

(3) Temporary pending establishment of a register

b. Regulations

(1) Prior to departure, a copy of the advance orders to report for training will be furnished to the Fiscal Department. Within seven days after return from duty a certified copy of the military orders showing the actual dates reported and discharged must be furnished to the Fiscal Department to support the leave. If a certified copy of the military leave is not received within seven days, the military leave will be converted to annual leave.

(2) An employee earns 15 days of military leave in a fiscal year (1 October to 30 September). An employee is permitted to carry up to 15 days of military leave from a previous fiscal year to the following fiscal year for a total of 30 days. Non-work days occurring within the training period will be counted for military leave; however, non-work days occurring at the beginning or end of the training period are not charged.

(3) When an employee is on military leave, enter "LM" in the type hour column of the time card.

13. Funeral Leave

a. When an employee is on funeral leave, enter "LN" in the type hour column of the time card.

b. Regulations. Employees will be excused from duty without a charge to leave or loss of pay to attend the funeral of an immediate family member killed in the line of duty in the Armed Forces. Immediate family for this purpose includes not only spouses and children of employees, but also a parent, brother, sister, parent-in-law, son-in-law, daughter-in-law and any other relatives who have resided as a member of the employee's household at the time of their entrance into the Armed Forces. The length of the excused absence should be determined on the basis of the circumstances of each request.

14. Administrative Leave

a. Time Card

(1) When an employee is on administrative leave, enter "LN" in the type hour column of the time card and annotate the type of administrative leave. If administrative leave is granted pending removal of an employee, annotate DOCUMENTATION IN PERSONNEL FILE.

(2) When an employee reports for duty late, this will be entered by the supervisor and marked "LV" for excused or the appropriate leave charge will be entered in the type hours column.

b. Regulations

(1) The Commanding Officer will determine the situations in which employees will be excused from duty. Some of the more common excused absences are:

(a) Blood Donation. Employees who serve as blood donors may be excused from work without charge to leave.

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(b) Taking Examinations. Employees who take examinations for their present positions, including re-examinations, may be given time off without charge to leave.

(c) Attending Conferences or Conventions. Employees may be excused to attend conferences or conventions when it is determined that the attendance will serve in the best interest of the Federal Government. Excused absences of this type may be official representative of the organization involved or is a contributor of the agenda.

(2) While absences will normally be excused on an individual basis, groups of employees may be excused under certain conditions. Official notification of the excused absence should reach the Fiscal Department prior to the receipt of the time cards that contain the excused absence.

Enclosure (1)

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2 June 1995

**OVERTIME/COMPENSATORY TIME
REQUEST AND AUTHORIZATION (7410)**

FROM: MANPOWER DEPARTMENT					DATE: 1/4/94		
TO: DIRECTOR, ADMINISTRATION DIRECTORATE				VIA: COMPTROLLER			
<small>It is requested that authorization be given for the following Employees to perform work as indicated and justified below: See SECNAVINST 7000.11 for additional information.</small>							
<div style="display: flex; justify-content: space-around;"><div><input checked="" type="checkbox"/> OVERTIME</div><div><input type="checkbox"/> COMPENSATORY TIME</div><div><input type="checkbox"/> CREDIT HOURS RELIGIOUS COMPENSATORY</div><div><input type="checkbox"/> ADVANCE RELIGIOUS COMPENSATORY TIME</div></div>							
PAY NUMBER	FLSA STATUS <small>*SEE LEGEND BELOW</small>	TYPE OF OVERTIME	NAME (Last, First, Middle Initial)	NUMBER OF HOURS	DATE(S)	(From)	(To)
SSN #	n/a	OS	SMITH, ABRAHAM	3.0	1/7/94	1530	1830
			SAMPLE ONLY				
JOB ORDER NO. 359494BBAU		WORK ORDER NO.		LOCATION			
JUSTIFICATION WHY THE OVERTIME OR COMPENSATORY TIME CANNOT BE ACCOMPLISHED DURING NORMAL WORKING HOURS: <small>(Not required for Religious Compensatory Time).</small> Update personnel files in preparation for up coming inspection, and submit discrepancy report to department head which will be discussed in the Directors Meeting prior to the inspection.							
SIGNATURE: (Requestor) A. BRIGHT, ENS, MSC, USN					TITLE: Head, Manpower		
AUTHORIZATION: REQUEST IS <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED			SIGNATURE (Approving authority) R. CONNORS, CDR, MSC, USN DIRECTOR, ADMIN DIRECTORATE		DATE:		
NOTE: IF THIS REQUEST WAS NOT APPROVED IN ADVANCE OF THE TIME WORKED, ADD JUSTIFICATION FOR APPROVAL AFTER THE FACT							
*LEGEND	FLSA STATUS	TYPE OF OVERTIME		NOTE: THIS REQUEST MAY CONTAIN INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED.			
	N - NONEXEMPT E - EXEMPT	1 - REGULARLY SCHEDULED OVERTIME 2 - IRREGULAR OVERTIME					

Enclosure (2)

SAMPLE CIVILIAN EMPLOYEE TIME CARD

SAMPLE OF GS TIMECARD

EMPLOYEE ID	BLX/GRP	ACT UIC	DIST	EMPLOYEE NAME										PLT ROT	PERIOD ENDING	SEQ NO.						
123456789	00010	35949	GTM9	SMITH, J.											1-8-94	34						
STD CON		3594943BNAU												HRS OF WORK								
		SUN	MON	TUE	WED	THR	FRI	SAT	SUN	MON	TUE	WED	THR	FRI	SAT							
TOUR			800	800	800	800	800			800	800	800	800	800								
TYP/SFT			RG 0	RG 0	RG 0	RG 0	RG 0			RG 0	RG 0	RG 0	RG 0	RG 0								
GRADED NO																						
WEEK	DAY	TYPE HOUR	HOURS	JOB ORDER NUMBER										ENW HAZ	LST HR	TMP SFT	NIGHT DIFF	START TIME	INIT	CERTIFICATION: ATTENDANCES AND ABSENCE CORRECTED. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLSA. I DID NOT SUFFER OR PERMIT ANY OVERTIME WORK OTHER THAN AS REPORTED FOR THIS PAY PERIOD.	AUTHORIZED SIGNATURE	
REG		OT		COMP		HOL		SUN		2ND		3RD		ND		E/H		LV		NP / LV		

SAMPLE OF WG TIMECARD WITH REGULAR FIRST SHIP

EMPLOYEE ID	BLX/GRP	ACT UIC	DIST	EMPLOYEE NAME										PLT ROT	PERIOD ENDING	SEQ NO.					
123456789	00010	35949	UTM9	DOE, J.											1-8-94	40					
STD CON		3594943BNAU												HRS OF WORK							
		SUN	MON	TUE	WED	THR	FRI	SAT	SUN	MON	TUE	WED	THR	FRI	SAT						
TOUR			800	800	800	800	800			800	800	800	800	800							
TYP/SFT			RF 1	RF 1	RF 1	RF 1	RF 1			RF 1	RF 1	RF 1	RF 1	RF 1							
GRADED NO																					
									SUN	MON	TUE	WED	THR	FRI	SAT	INIT	CERTIFICATION: ATTENDANCES AND ABSENCE CORRECTED. OVERTIME APPROVED IN ACCORDANCE WITH EXISTING LAWS AND REGULATIONS FOR NON-EXEMPT FLSA. I DID NOT SUFFER OR PERMIT ANY OVERTIME WORK OTHER THAN AS REPORTED FOR THIS PAY PERIOD.	AUTHORIZED SIGNATURE			
									1												
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REG		OT		COMP		HOL		SUN		2ND		3RD		ND		E/H				LV	

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SSN 123-45-6789	NAME ABRAHAM SMITH		ACT USE 35949	DIST GTM9																																																																								
EFFECTIVE DATE 1/5/94	TLA STATUS CODE	AWS CODE	PLATOON ROTATING CODE																																																																									
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AUTHORIZED SIGNATURE: SIGNATURE OF AUTHORIZED SUPERVISOR OR OFFICIAL			DATE SUBMITTED																																																																									
<p>CHECK APPLICABLE BOX</p> <p><input type="checkbox"/> NEW EMPLOYEE AND/OR TRANSFER ON EMPLOYEE</p> <p><input checked="" type="checkbox"/> PERMANENT CHANGE TO TOUR OF DUTY, T&A STATUS CODE, AWS CODE OR PLATOON CODE</p> <p><input type="checkbox"/> PERMANENT CHANGE TO STANDING JOB ORDER NUMBER</p> <p><input type="checkbox"/> PERMANENT CHANGE TO UIC AND/OR DISTRUBUTION CODE. DO NOT USE THIS FOM TO CREATE NEW DISTRUBUTION CODES. SUBMIT REQUESTS FOR NEW DISTRUBUTION CODES BY BETTER OR MEMORANDUM TO ADDRESS SHOWN BELOW.</p>																																																																												
<p>FORWARD COMPLETED FORMS TO:</p> <p>「 COMMANDING OFFICER (CODE DD2) 7 NAVY REGIONAL FINANCE CENTER BLDG 3400 GREAT LAKES, ILLINOIS 60088-5797 」</p>																																																																												

NAVHOSP29PALMSINST 7420.1C
2 June 1995

CIVILIAN EMPLOYEE MUSTER SHEET

NAVAL HOSPITAL, TWENTYNINE PALMS

[illegible]

TIMEKEEPER NAME:

TIMEKEEPER SIGNATURE:

DATE:

NAVHOSP29PALMSINST 7420.1C
2 June 1995

TIMEKEEPING SIGNATURE AUTHORIZATION FORM

ISSUED	UNIT ID CODE N35949	EXPIRES	
DEPARTMENT / SECTION		DIST CODES	EXTENTION
This person whose name, signature and initials appear below is Authorized to CERTIFY TIME CARDS AND MUSTER			
NAME (Type or Print)		SIGNATURE (BLANK INK ONLY)	
RANK/GRADE/TITLE:			
NAME & SIGNATURE OF AUTHORIZING OFFICIAL			
RANK/GRADE/TITLE: V. STEWRD, LT, MSC, USN COMPTROLLER			

NAVAL HOSPITAL, FISCAL DEPARTMENT, BOX 788250, 29 PALMS, CA 92278-8250
NH29PALMS FORM 7420/02 (6/95)

PLEASE FILL IN UNSHADED AREAS AND RETURN TO THE NAVEAL HOSPITAL
FISCAL DEPARTMENT, 29 PALMS, CA 92278

ALL ORIGINAL AUTHORIZATION CARDS ARE KEPT IN A SAFE AND COPIRES
MAY BE KEPT EZCH DEPARTMENT FOR THEIR RECORDS.

PRIVACY ACT: Authority to request this information is derived
From U.S. Code 301 Departmental Regulations. The purpose of this
information is to enable you to make your authorization known.
This information will be used to assist officials and employees
of the Department of the Navy in determining your eligibility
for and approving and disapproving Time and Attendance.
Disclosure of this information may preclude disapproval of
employee time and attendance.

Enclosure (6)

TIME CARD REFERENCE CODES

CODE DESCRIPTION

PAY TYPE HOURS:

RG	Regular (Graded)
RF	Regular, First Shift (Ungraded)
RS	Regular, Second Shift (Ungraded)
RT	Regular, Third Shift (Ungraded)
RX	Regular, Emergency Time
OS	Overtime, Scheduled
OU	Overtime, Unscheduled
OX	Overtime, Unscheduled Exception
OC	Overtime, Call-back
OA	Additional FLSA Hours
ON	Overtime Scheduled, Not Worked (Court/Military Leave)
SG	Sunday Work (Graded)
SF	Sunday Work, First Shift (Ungraded)
SS	Sunday Work, Second Shift (Ungraded)
ST	Sunday Work, Third Shift (Ungraded)
HG	Holiday Work (Graded)
HF	Holiday Work, First Shift (Ungraded)
HS	Holiday Work, Second Shift (Ungraded)
HT	Holiday Work, Third Shift (Ungraded)
HC	Holiday Work, Call-back

LEAVE HOURS - NON-PAID:

KA	Leave Without Pay (LWOP)
KB	Suspension
KC	Absent Without Leave (AWOL)
KD	Office of Workers' Compensation Program (OWCP)
KE	Furlough
KF	Non-Duty, Within Regular Schedule
KG	Military Furlough (Called to Active Duty)

NAVHOSP29PALMSINST 7420.1C
2 June 1995

CODE DESCRIPTION

LEAVE HOURS - PAID:

LA	Annual Leave
LB	Advanced Annual Leave
LC	Court Leave/Jury Duty
LF	Forced Annual Leave
LG	Advanced Sick Leave
LH	Holiday Leave
LI	Military, DC Guard
LJ	Shore Leave
LK	Home
LL	Law Enforcement
LM	Military Leave
LN	Administrative Leave
LP	Annual, Restored #3
LQ	Annual, Restored #2
LR	Annual, Restored #1
LS	Sick Leave
LT	Traumatic Injury (COP)
LV	Excused Absence
LW	Educator, In-School Breaks
LX	Non-Work, Paid (Day of Injury/Death or Sabbatical)

COMPENSATORY HOURS:

CC	Compensatory Time, Call-Back
CE	Compensatory Time, Earned
CT	Compensatory Time, Taken
CA	Religious Compensatory Time, Taken
CR	Religious Compensatory Time, Earned
CD	Credit Hours, Earned
CN	Credit Hours, Taken

REQUEST FOR LEAVE OR APPROVED ABSENCE

71-113

1. NAME (Last, First, Middle Initial)			2. EMPLOYEE OR SOCIAL SECURITY NUMBER		
3. ORGANIZATION					
4. TYPE OF LEAVE/ABSENCE (Check appropriate box (es) below.)	DATE From: To:	TIME From: To:	TOTAL HOURS	5. FAMILY AND MEDICAL LEAVE	
<input type="checkbox"/> Accrued Annual Leave				<div>If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information:</div> <div style="margin-top: 10px;"><input type="checkbox"/> I hereby invoke my entitlement to Family and Medical Leave for:</div> <div style="margin-top: 5px;"><input type="checkbox"/> Birth/Adoption/Foster Care</div> <div style="margin-top: 5px;"><input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent</div> <div style="margin-top: 5px;"><input type="checkbox"/> Serious Health Condition Self</div>	
<input type="checkbox"/> Restored Annual Leave					
<input type="checkbox"/> Advanced Annual Leave					
<input type="checkbox"/> Accrued Sick Leave					
<input type="checkbox"/> Advanced Sick Leave					
Purpose: <input type="checkbox"/> Medical/Dental/Optical examination of requesting employee <input type="checkbox"/> Other <input type="checkbox"/> Care of family member/bereavement, including medical/dental/optical examination of family member				Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act of 1993.	
<input type="checkbox"/> Compensatory Time Off					
<input type="checkbox"/> Other Paid Absence (Specify in Remarks)					
<input type="checkbox"/> Leave Without Pay					
6. REMARKS					
7. CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.					
EMPLOYEE SIGNATURE			DATE		
8. OFFICIAL ACTION ON REQUEST: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED (If disapproved, give reason. If annual leave, initiate action to reschedule.)					
SIGNATURE			DATE		
PRIVACY ACT STATEMENT					
Section 6311 of Title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or the General Services Administration in connection with its responsibilities for records management.					
Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.					
If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.					

Standard Form 1199A
(Rev. June 1987)
Prescribed by Treasury
Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007
Expiration Date 1-31-93

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

• To sign for Direct Deposit, the payee is to read the back of this Form and fill in the information requested in Sections 1 and 2. Then Take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
changes in order to receive important information about benefits and A separate form must be completed for each type of payment to be Sent by Direct Deposit.

• The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.

Payees must keep the Government agency informed of any address to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER		F TYPE OF PAYMENT (Check only one)	
AREA CODE		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____	
		<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____	
		<input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. _____	
		<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
Prefix _____ Suffix _____		TYPE AMOUNT	
PAYEE/JOINT PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorized my payment to be sent to the financial institution named below to be deposited to the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY	GOVERNMENT AGENCY ADDRESS
-------------------	---------------------------

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>
DEPOSITOR ACCOUNT TITLE				
FINANCIAL INSTITUTION CERTIFICATION				
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.				
PRINT OR TYPE REPRESENTATIVE NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the request information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete Boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the Check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury

08 / 31 / 84

TIN, TEXAS

Check No. 0000 4157185

29-678-775 00 C

Pay to the order of

JOHN DOE
123 BRISTOL STREET
HAWKINS BRANCH TX

VA COMP

\$ 100.00

NOT NEGOTIABLE

I:0000000518I: 041571926

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution providing the recipient a written 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is completed, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.